

State of New Jersey
Department of Health and Senior Services

Name of Managed Care Organization:

For the Period Ending:

**SUMMARY OF ANCILLARY AND SPECIALIZED PROVIDERS BY COUNTY
(INDICATE NUMBER OF PROVIDERS IN EACH COUNTY)**

Type of Provider	New Jersey Counties																					
	ATL	BER	BUR	CAM	CAP	CUM	ESS	GLO	HUD	HUN	MER	MID	MON	MOR	OCE	PAS	SAL	SOM	SUS	UNI	WAR	STATE-WIDE
A. Ancillary Providers																						
1. Optometrists																						
2. Physical Therapy Centers																						
3. Psychologists																						
4. Occupational Therapy Centers																						
5. Speech Therapy Centers																						
6. Audiology Centers																						
7. Laboratory Centers																						
8. Diagnostic Radiology Imaging Centers																						
a) CAT Centers																						
b) PET Centers																						
c) MRI Centers																						
9. Home Health Agencies																						
10. Other (Please Specify)																						
B. Specialty Providers																						
1. Inpatient Adult Psychiatric Facilities																						
2. Outpatient Adult Psychiatric Centers																						
3. Inpatient Pediatric Psychiatric Facilities																						
4. Outpatient Pediatric Psychiatric Service Centers																						
5. Inpatient Rehabilitation Facilities																						
6. Outpatient Rehabilitation Centers																						
7. Inpatient Substance Abuse Facilities																						
8. Outpatient Substance Abuse Centers																						
9. Skilled Nursing Facilities																						

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10. Hospice Agencies																						
11. Radiation Oncology Therapy Centers																						
C. Specialty Outpatient Centers:																						
1. HIV/AIDS Centers																						
2. Sickle Cell Anemia Centers																						
3. Hemophilia Centers																						
4. Craniofacial Anomalies Centers																						
5. Renal Dialysis Centers																						